



Alameda Recreation and Park Department
2226 Santa Clara Avenue, Alameda, CA 94501
Phone: (510) 747-7529 / Fax: (510) 523-4071

ADULT SOFTBALL TEAM APPLICATION - COED

(Please print clearly)

Please check our website for more softball information:

www.cityofalamedaca.gov/Recreation/Adult-Softball

ATTENTION ALL MANAGERS:

We need your current e-mail address in order to send all league information plus updated rules, latest bat list, etc. WE WILL NO LONGER HAVE A MANAGER'S MEETING SO ALL CORRESPONDENCE WILL NOW TAKE PLACE IN E-MAIL FORMAT.

MANAGER'S CURRENT E-MAIL ADDRESS: _____

MANAGER'S NAME _____

MANAGER'S MAILING ADDRESS _____ CITY _____ ZIP _____

MANAGER'S DAY PHONE () _____ MANAGER'S EVENING PHONE () _____

SPONSOR'S NAME OR TEAM NAME _____

1. Was your team entered in last year's league play?..... Yes _____ No _____

2. What was the name of your team last year? _____

3. Is your team name or sponsor different from last year?..... Yes _____ No _____

If different, please state new name _____

4. Is your team sponsored by an Alameda business firm?..... Yes _____ No _____

5. Does your team consist of 50% who are Alameda residents?..... Yes _____ No _____

6. If your team **IS NOT** sponsored by an Alameda business firm, does
your team consist of at least 75% players who are Alameda residents? Yes _____ No _____

Classification (check one)

C _____
D _____

Night Preference Rank in Order of Preference (1 - First Choice; 5 - Last Choice)

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____

***** OFFICE USE ONLY *****

DEPOSIT.....Amount: \$ _____ Cash _____ Check # _____
MC/VISA _____ - _____ - _____ Exp Date _____
Cardholder's Name _____

ENTRY FEE BALANCEAmount: \$ _____ Cash _____ Check # _____
MC/VISA _____ - _____ - _____ Exp Date _____
Cardholder's Name _____

TOTAL TEAM MONIESAmount: \$ _____ Cash _____ Check # _____
MC/VISA _____ - _____ - _____ Exp Date _____
Cardholder's Name _____

League _____ Night(s) _____ Field _____